

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD 262 (REV 10/92)

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CLAIMANT'S NAME Lyndsay McDougal		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Office of the Governor	
POSITION Advance Rep		CB/D NUMBER		DIVISION OR BUREAU	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS 300 South Spring Street #16701		TELEPHONE NUMBER	
CITY	STATE	ZIP	CITY	STATE	ZIP
			Los Angeles	CA	90013

MONTH/YEAR Jun-10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
21-Jun	8:35am	LA-SF	229.85			18.00		156.70	Flight	61.00	20 10.00	13.95	489.50
22-Jun	All Day	SF	229.85		5.51		6.00			57.00		13.95	312.31
23-Jun	All Day	SF-SAC	95.58	3.36		14.13	6.00	141.83	rental car+gas			0.00	260.90
24-Jun	3:05pm - End	SAC-LA					6.00	161.70	Flight + cab	58.00		0.00	225.70
29-Jun	4am - 11:30am	LA-SF-LA						142.70	Flight		40 20.00		162.70
												0.00	0.00
												0.00	0.00
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SUBTOTALS			555.28	3.36	5.51	32.13	18.00	602.93	0.00	176.00	60 30.00	27.90	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$1,451.11	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

To Advance Gov Trip with the Russians in SF - then to Sac for Director Training, the Virgin America Event in LA/SF

21-Jun	Travel to SF, Hotel, Internet, Under parking tolls-Parking at hotel + toll
22-Jun	Hotel, Internet, Parking at hotel
23-Jun	Hotel in Sac, Rental Car and gas for time in SF,
24-Jun	Flight, Cab home from airport

Flew to SF for event with Gov (private flight), did event, flew back, roommate dropped 29-Jun me off and picked me up in my car

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER M-232-564-031-843
MILEAGE RATE CLAIMED 0.5
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER 241124

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT SIGNATURE	DATE 7/8/10	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 7/7/10
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